



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2020:5

Reporting for the week ending 2/1/20 (MMWR Week #5)

February 7th, 2020

CURRENT HOMELAND SECURITY THREAT LEVELS

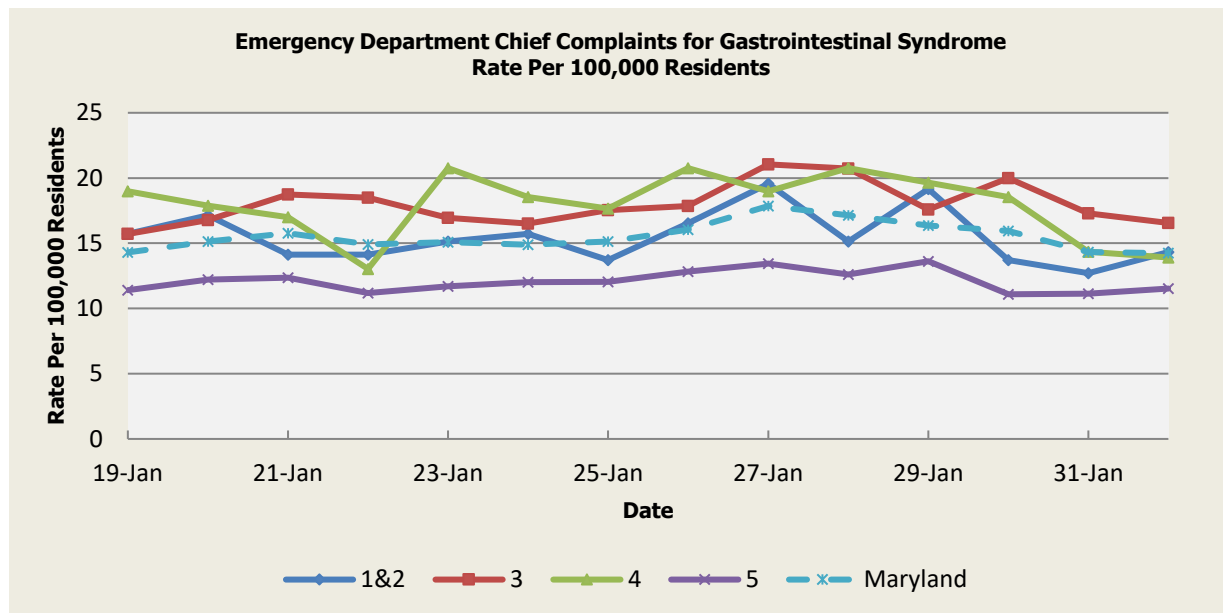
| | |
|------------------|-----------------------------|
| National: | No Active Alerts |
| Maryland: | Normal (MEMA status) |

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



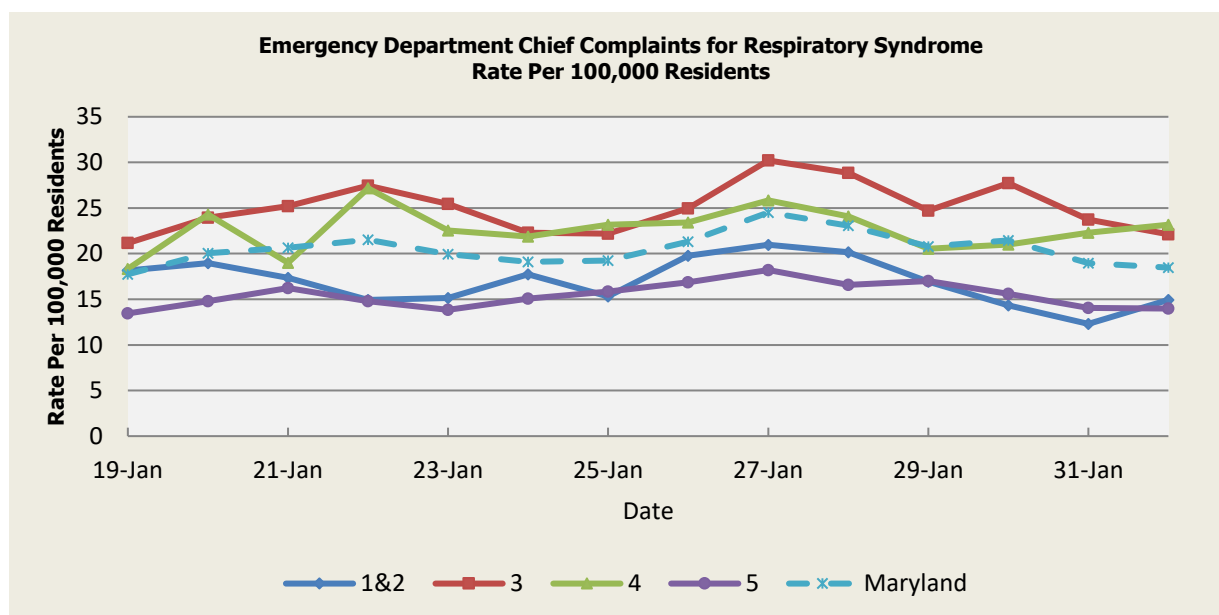
There were four (4) Gastrointestinal Syndrome outbreaks reported this week: two (2) outbreaks of Gastroenteritis in Assisted Living Facilities (Regions 3,4), two (2) outbreaks of Gastroenteritis in Nursing Homes (Regions 3,1&2).

| Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|-------|-------|-------|-------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 13.37 | 15.11 | 16.00 | 10.30 | 13.19 |
| Median Rate* | 13.31 | 14.87 | 15.46 | 10.22 | 13.05 |

* Per 100,000 Residents

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Respiratory Syndrome



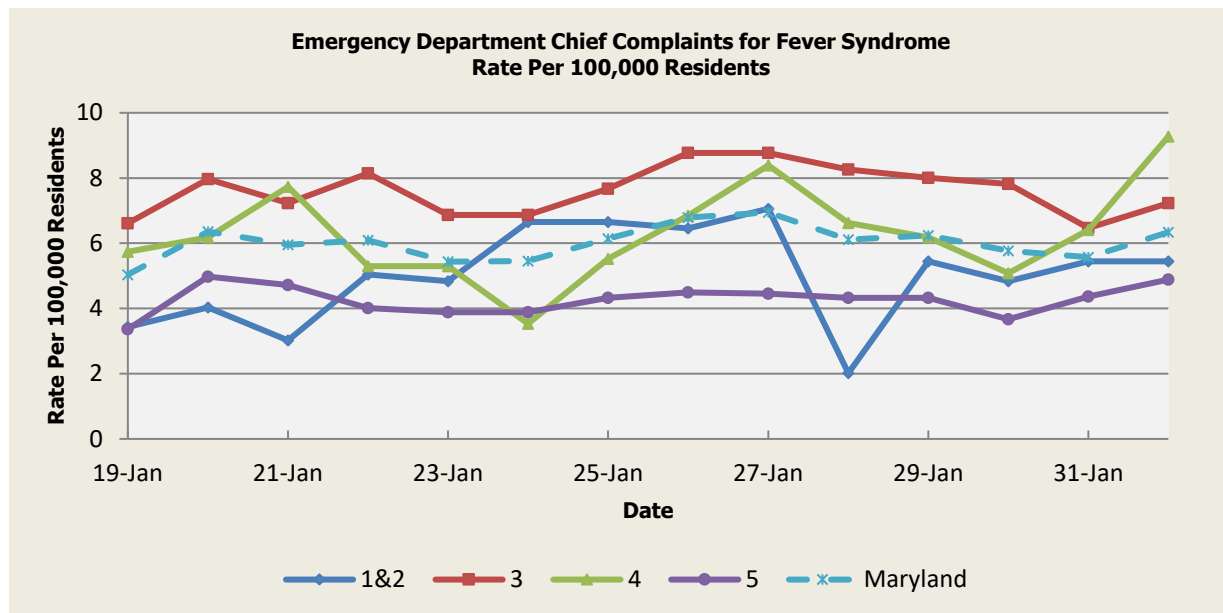
There were fourteen (14) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of Influenza in a Hospital (Region 3), five (5) outbreaks of Influenza in a Nursing Home (Regions 5,3), two (2) outbreaks of Influenza in Assisted Living Facilities (Region 3), four (4) outbreaks of Influenza in Schools (Regions 1&2, 4), two (2) outbreaks of Influenza in Daycare Centers (Region 5).

| Respiratory Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|-------|-------|-------|-------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 12.69 | 14.86 | 15.20 | 10.05 | 12.86 |
| Median Rate* | 12.30 | 14.29 | 14.57 | 9.65 | 12.37 |

* Per 100,000 Residents

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Fever Syndrome



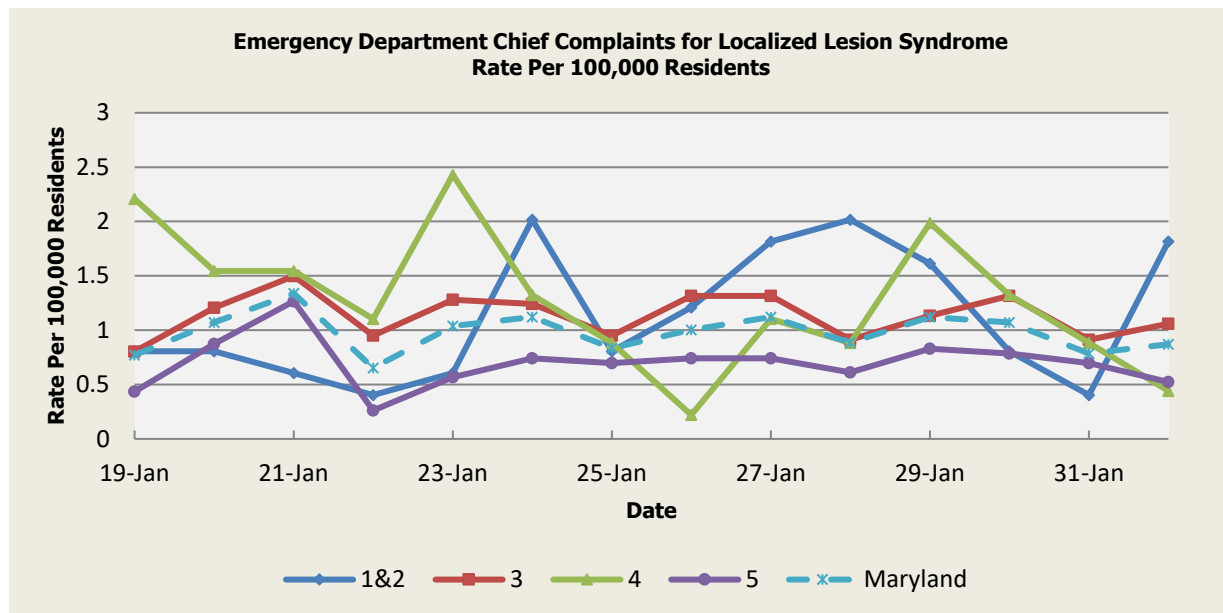
There were no Fever Syndrome outbreaks reported this week.

| Fever Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 3.11 | 3.93 | 4.16 | 3.06 | 3.55 |
| Median Rate* | 3.02 | 3.80 | 3.97 | 2.97 | 3.41 |

**Per 100,000 Residents*

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Localized Lesion Syndrome



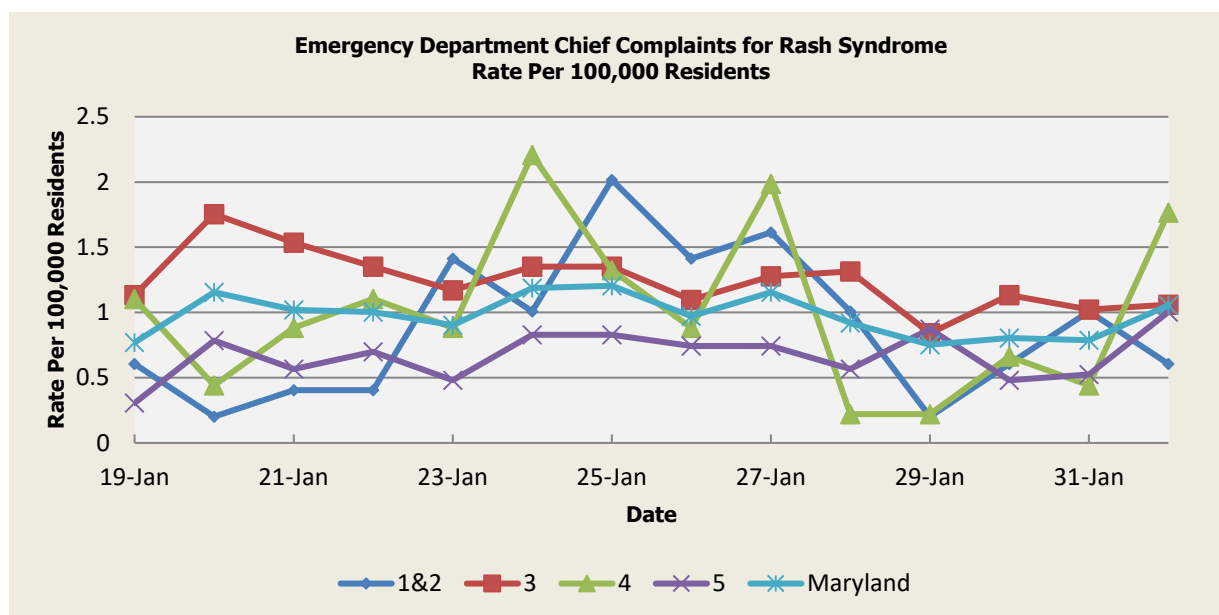
There were no Localized Lesion Syndrome outbreaks reported this week.

| Localized Lesion Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 1.17 | 1.77 | 2.03 | 0.90 | 1.41 |
| Median Rate* | 1.01 | 1.72 | 1.99 | 0.87 | 1.36 |

* Per 100,000 Residents

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Rash Syndrome



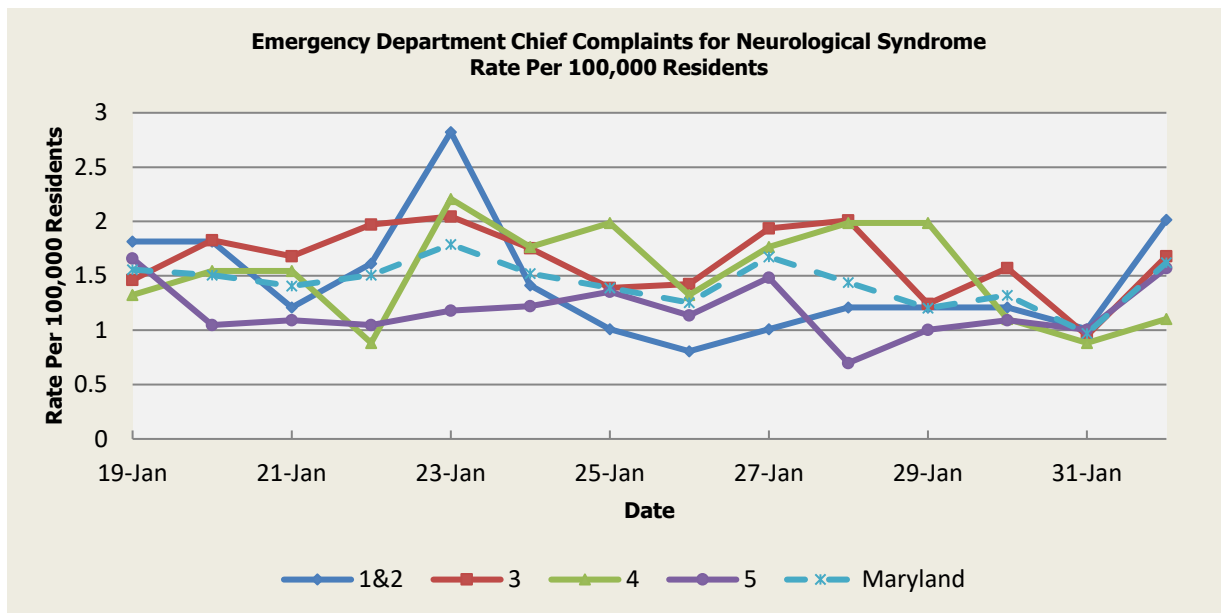
There was one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of Scabies in a School (Regions 1&2).

| Rash Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 1.25 | 1.66 | 1.75 | 0.97 | 1.37 |
| Median Rate* | 1.21 | 1.61 | 1.77 | 0.92 | 1.32 |

* Per 100,000 Residents

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Neurological Syndrome



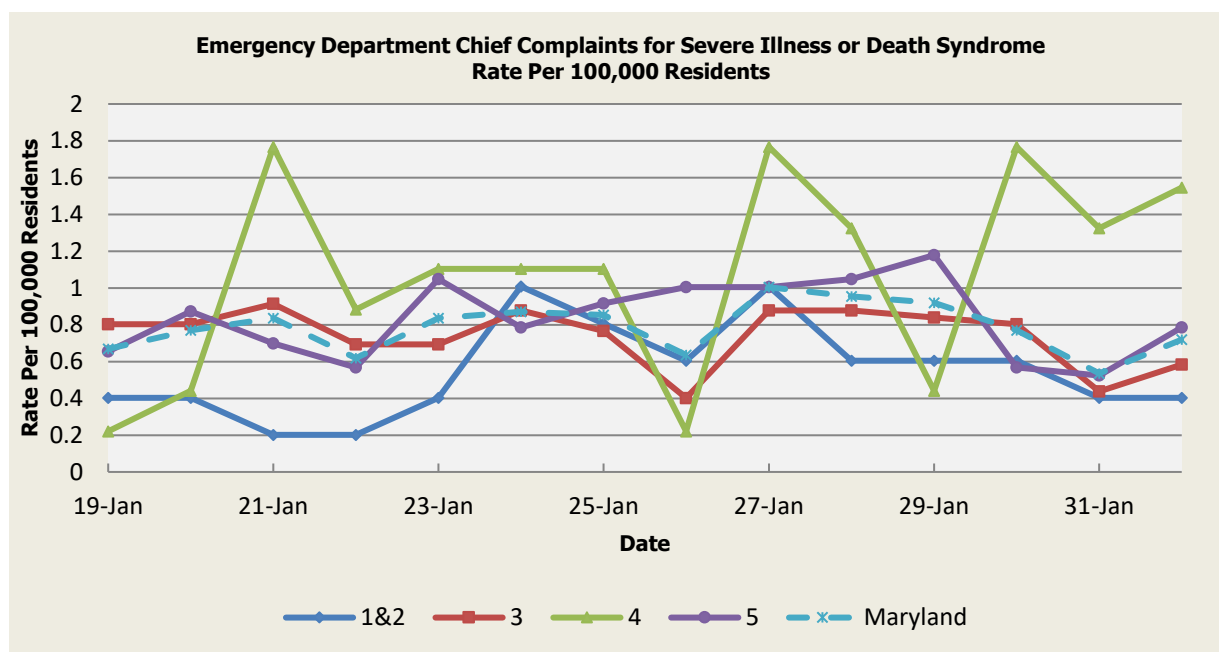
There were no Neurological Syndrome outbreaks reported this week.

| Neurological Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.80 | 0.98 | 0.89 | 0.62 | 0.82 |
| Median Rate* | 0.81 | 0.88 | 0.88 | 0.57 | 0.74 |

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

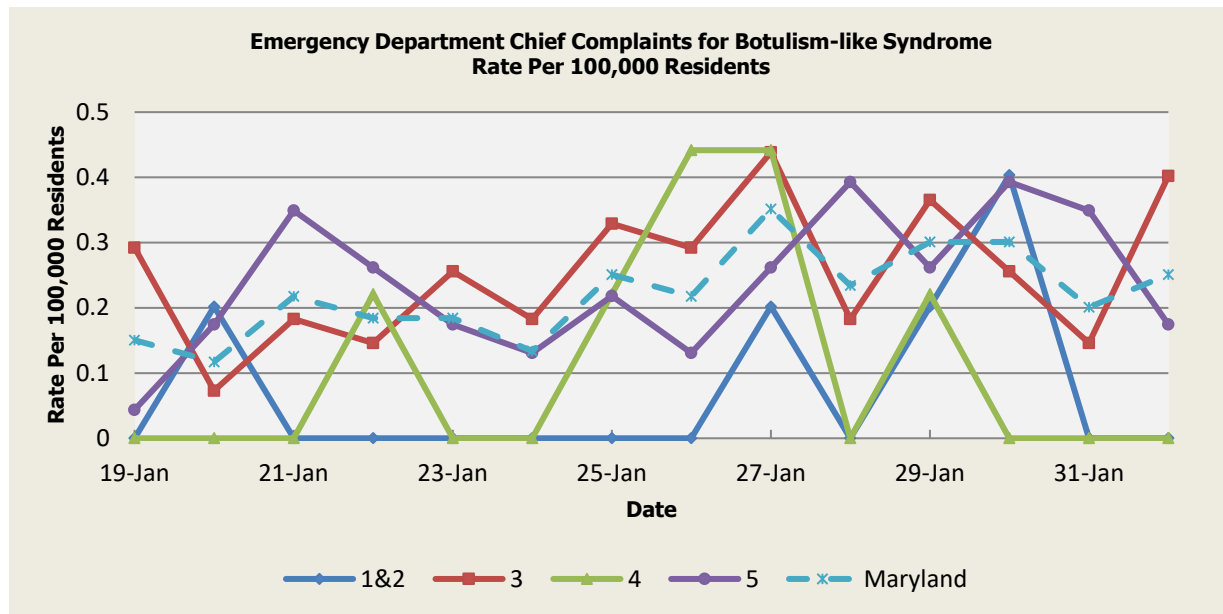
| Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.66 | 0.89 | 0.84 | 0.53 | 0.73 |
| Median Rate* | 0.60 | 0.84 | 0.88 | 0.48 | 0.70 |

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



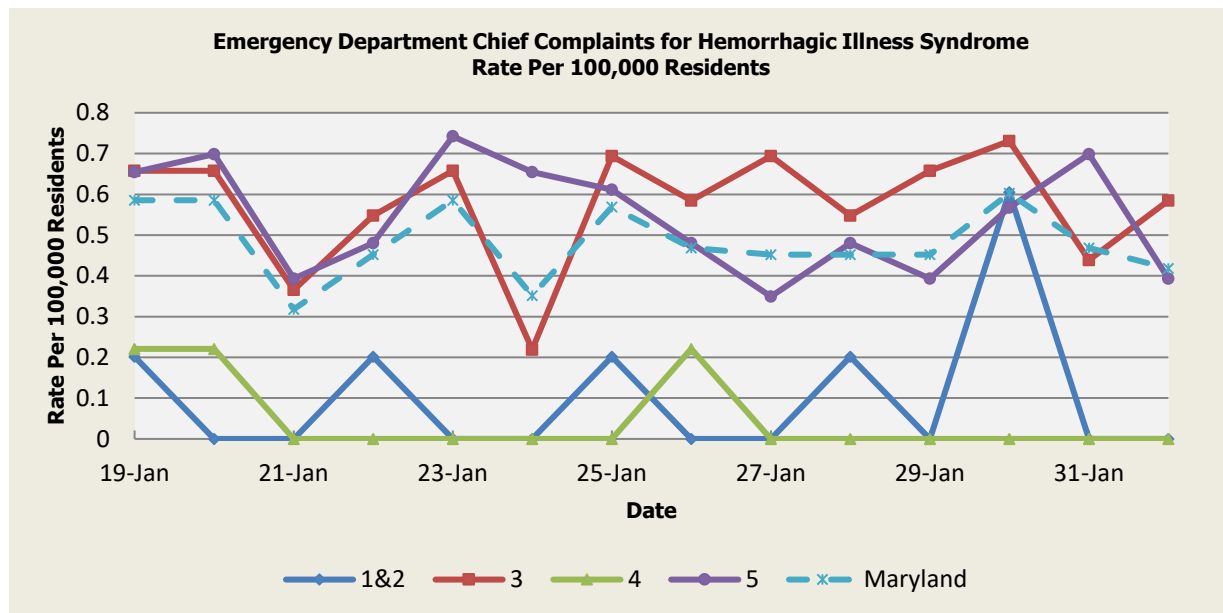
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 1/19 (Region 3), 1/20 (Regions 1&2,5), 1/21 (Region 5), 1/22 (Regions 3,5), 1/23 (Region 5), 1/25 (Regions 3,4), 1/26 (Region 4), 1/27 (Regions 1&2,3,4), 1/28 (Region 5), 1/29 (Regions 1&2,3,4), 1/30 (Region 5), 1/31 (Region 5), 02/1 (Region 3). These increases are not known to be associated with any outbreaks.

| Botulism-like Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.08 | 0.13 | 0.06 | 0.08 | 0.10 |
| Median Rate* | 0.00 | 0.11 | 0.00 | 0.04 | 0.08 |

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



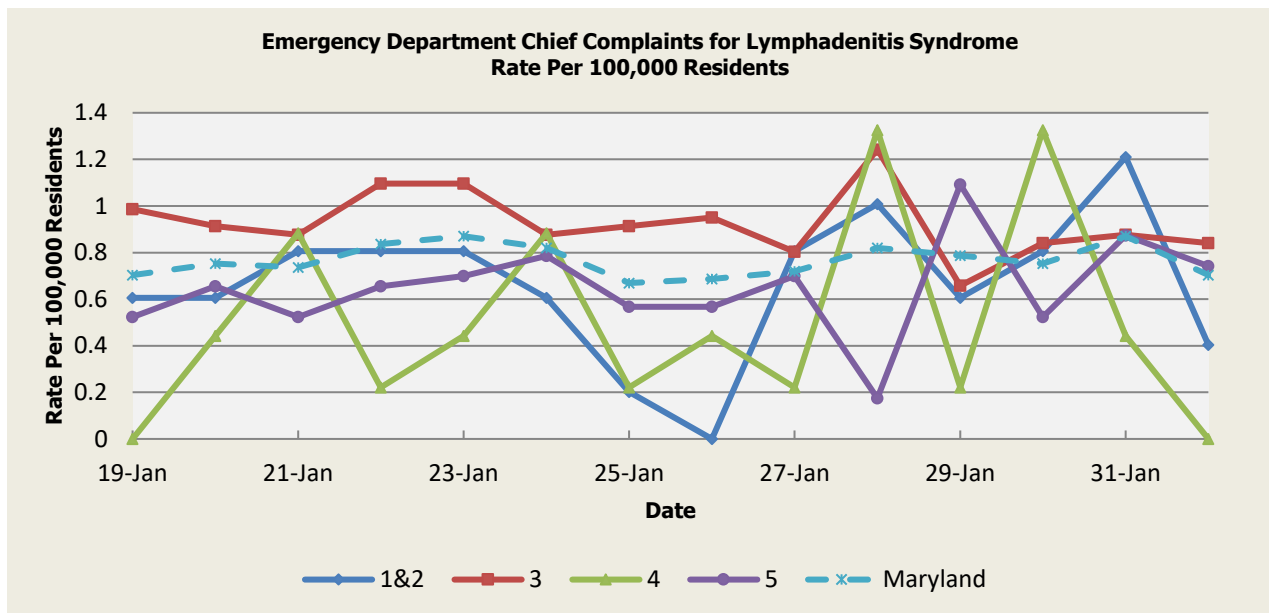
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 1/19 (Regions 1&2,3,4,5), 1/20 (Regions 3,4,5), 1/21 (Regions 3,5), 1/22 (Regions 1&2,3,5), 1/23 (Regions 3,5), 1/24 (Region 5), 1/25 (Regions 1&2,3,5), 1/26 (Regions 3,4,5), 1/27 (Regions 3,5), 1/28 (Regions 1&2,3,5), 1/29 (Regions 3,5), 1/30 (Regions 1&2,3,5), 1/31 (Regions 3,5), 02/1 (Regions 3,5). These increases are not known to be associated with any outbreaks.

| Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.04 | 0.16 | 0.04 | 0.14 | 0.14 |
| Median Rate* | 0.00 | 0.11 | 0.00 | 0.09 | 0.08 |

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 1/21 (Regions 1&2,4), 1/22 (Region 1&2), 1/23 (Region 1&2), 1/24 (Regions 4,5), 1/27 (Regions 1&2), 1/28 (Regions 1&2,3,4), 1/29 (Region 5), 1/30 (Regions 1&2,4) 1/31 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

| Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 0.39 | 0.60 | 0.41 | 0.39 | 0.49 |
| Median Rate* | 0.40 | 0.55 | 0.44 | 0.35 | 0.45 |

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

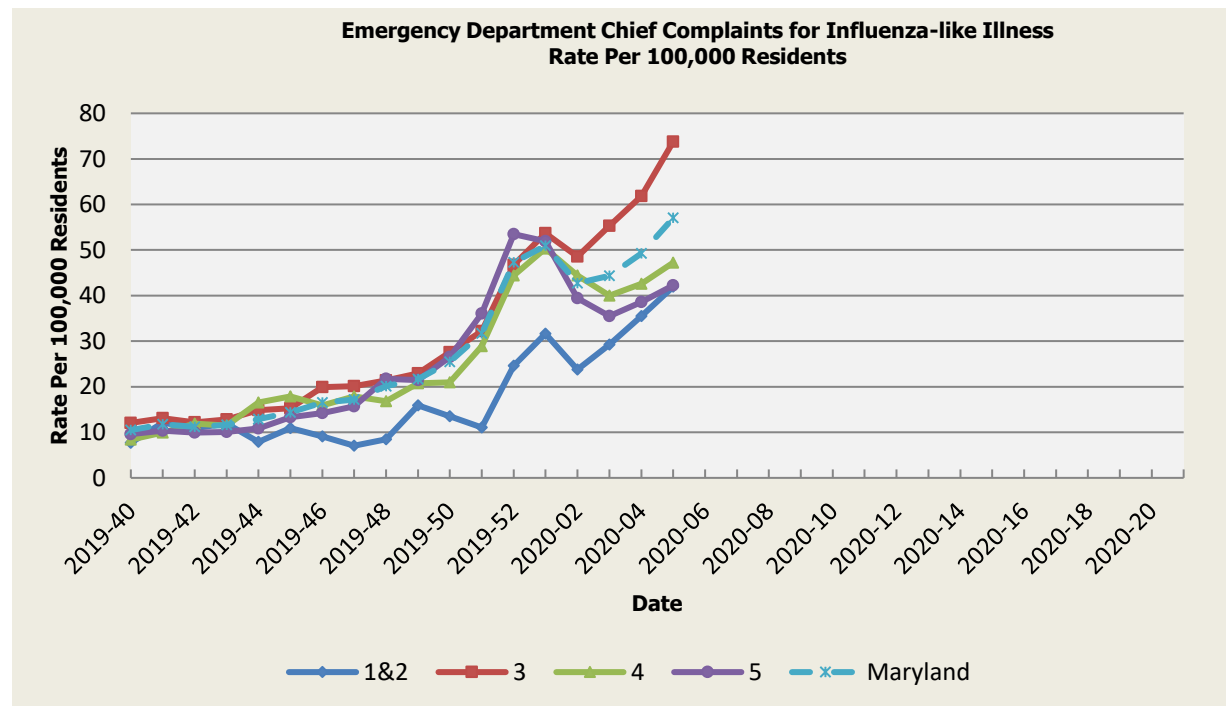
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 5 was: High Activity and Widespread Geographic Activity.

Influenza-like Illness

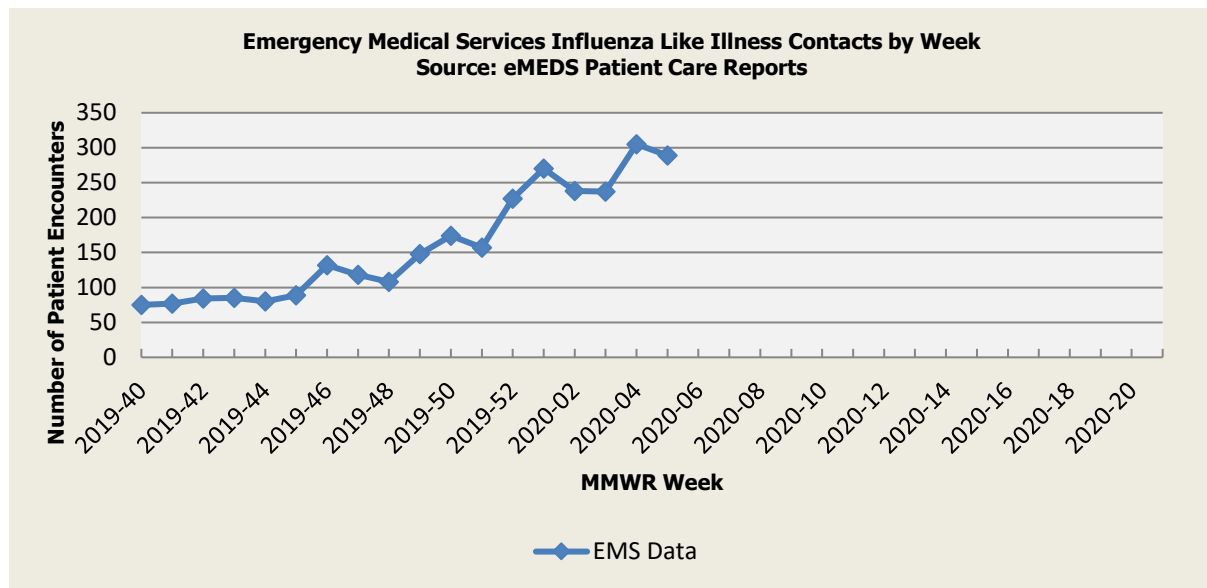


| Influenza-like Illness Baseline Data Week 1 2010 - Present | | | | | |
|---|-------|-------|-------|-------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 10.38 | 13.84 | 13.19 | 11.69 | 12.68 |
| Median Rate* | 7.76 | 10.49 | 9.50 | 8.86 | 9.58 |

* Per 100,000 Residents

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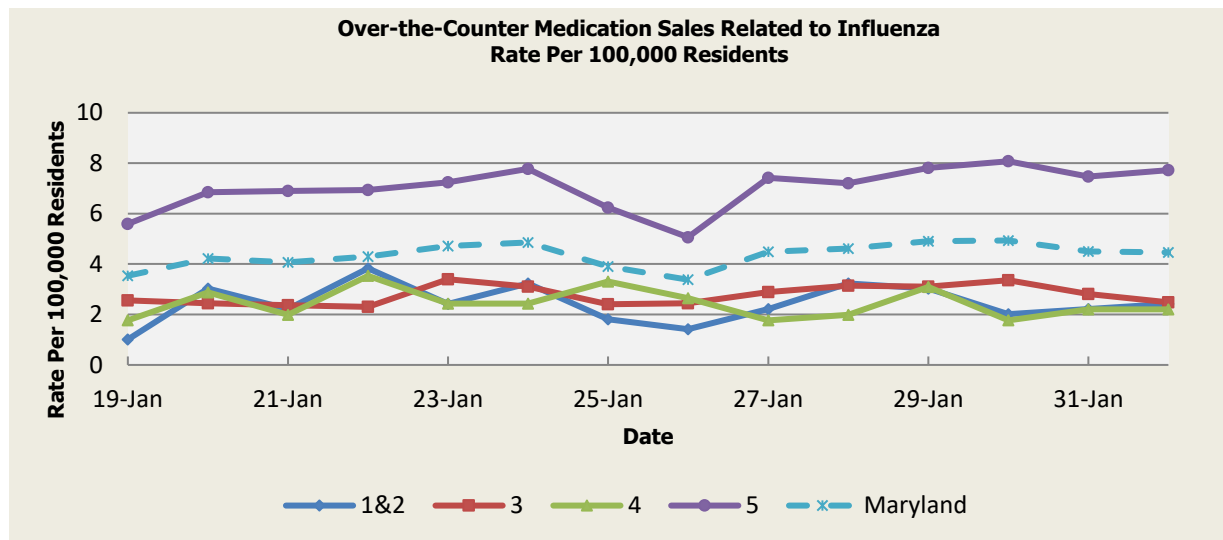
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



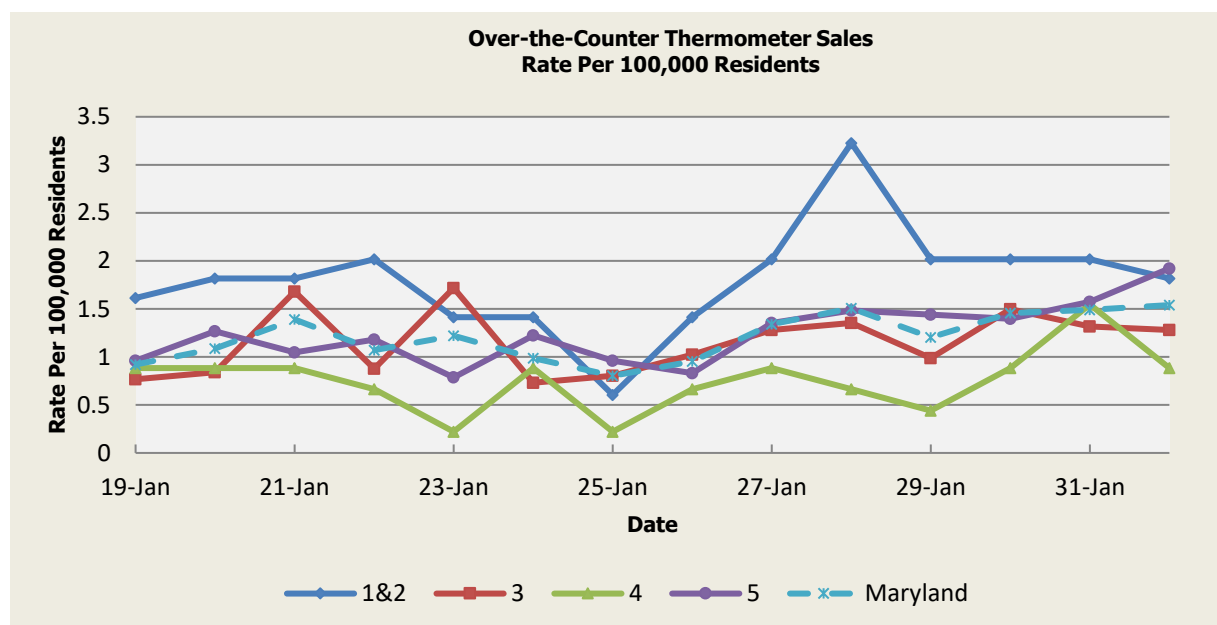
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

| OTC Medication Sales Baseline Data January 1, 2010 - Present | | | | | |
|---|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 3.43 | 4.40 | 2.66 | 7.77 | 5.48 |
| Median Rate* | 2.82 | 3.51 | 2.21 | 7.03 | 4.72 |

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

| Thermometer Sales Baseline Data January 1, 2010 - Present | | | | | |
|--|------|------|------|------|----------|
| Health Region | 1&2 | 3 | 4 | 5 | Maryland |
| Mean Rate* | 2.87 | 2.73 | 2.18 | 3.62 | 3.04 |
| Median Rate* | 2.62 | 2.63 | 1.99 | 3.58 | 3.01 |

* Per 100,000 Residents

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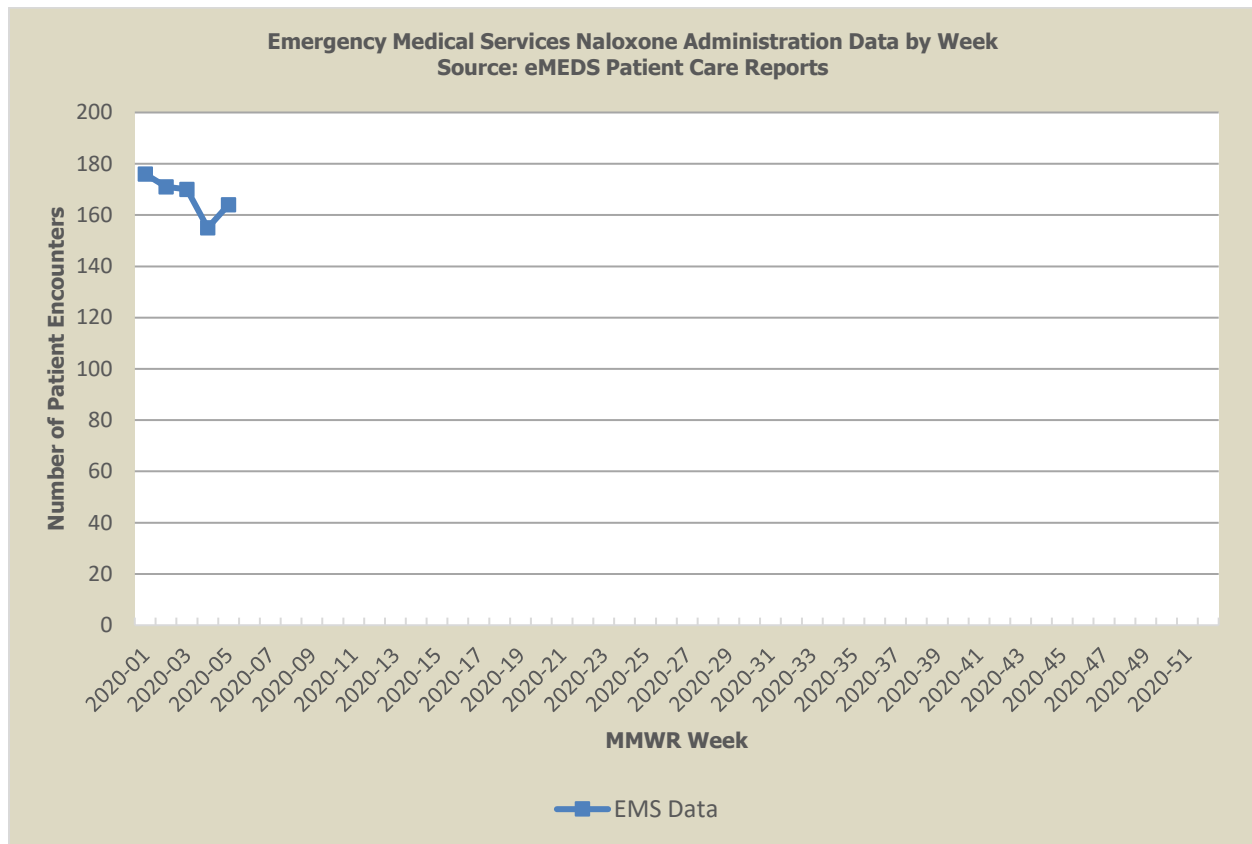
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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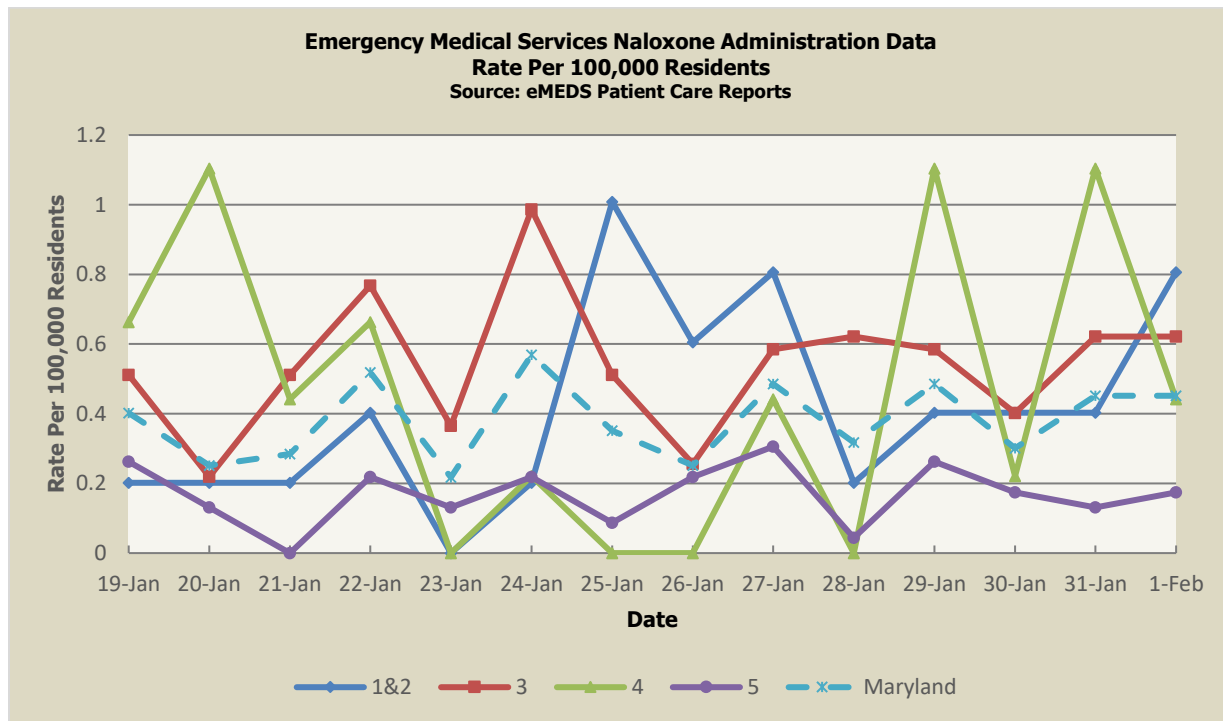
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of February 6, 2020, the WHO-confirmed global total (2003-2020) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (VIETNAM), 5 Feb 2020, Information received on [and dated] 4 Feb 2020 from Dr Dong Pham Van, director general, chief veterinary officer, Department of Animal Health, Ministry of Agriculture and Rural Development, Hanoi, Viet Nam. Read More: <https://promedmail.org/promed-post/?id=6958447>

AVIAN INFLUENZA (SAUDI ARABIA), 5 Feb 2020, Information received on [and dated] 4 Feb 2020 from Dr Sanad Alharbi, director, Livestock Risk Assessment Department, Ministry of Environment, Water and Agriculture, Riyadh, Saudi Arabia. Read More: <https://promedmail.org/promed-post/?id=6954045>

AVIAN INFLUENZA (CHINA), 2 Feb 2020, A city in China's central Hunan province reported that it had culled almost 18 000 chickens after an outbreak of H5N1 bird flu, the Ministry of Agriculture and Rural Affairs said in statement on its website Saturday [1 Feb 2020]. Read More: <https://promedmail.org/promed-post/?id=6945785>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

HEPATITIS A (MULTISTATE), 5 Feb 2020, When hearing about hepatitis A, many people think about contaminated food and water. However, in the United States, hepatitis A is more commonly spread from person to person. Read More: <https://promedmail.org/promed-post/?id=6950282>

RABIES (GEORGIA), 31 Jan 2020, A kitten and 2 raccoons have tested positive for rabies in Cobb and Douglas counties, and some people and pets were exposed to the animals. Read More: <https://promedmail.org/promed-post/?id=6943518>

INTERNATIONAL DISEASE REPORTS

NOVEL CORONAVIRUS UPDATES (CHINA), 6 Feb 2020, From [4 Feb 2020] to [5 Feb 2020], 31 provinces (autonomous regions, municipalities) and the Xinjiang Production and Construction Corps reported 3694 new confirmed cases, 261 new cured cases, and 21 365 close contacts who were released from medical observation on the same day. There were 640 new severe cases, 73 new deaths (70 in Hubei Province, 1 in Tianjin, 1 in Heilongjiang, and 1 in Guizhou), and 5328 new suspected cases. Read More: <https://promedmail.org/promed-post/?id=6959291>

BOTULISM (ICELAND), 6 Feb 2020, A case of botulism has been confirmed in Iceland for the 1st time since 1983. The Public Health Institute of Iceland (Landlaeknir) revealed an adult began experiencing symptoms on 12 Jan 2020 with the illness confirmed a week later. Read More: <https://promedmail.org/promed-post/?id=6954678>

BOTULISM (ARGENTINA), 6 Feb 2020, Authorities in Argentina are investigating 2 suspected cases of foodborne botulism linked to a brand of pickled wild boar. Read More: <https://promedmail.org/promed-post/?id=6954683>

KYASANUR FOREST DISEASE (INDIA), 5 Feb 2020, Three new positive cases of Kyasanur Forest disease (KFD), also known as monkey fever, have been reported in the district since [1 Feb 2020]. Read More: <https://promedmail.org/promed-post/?id=6955844>

UNDIAGNOSED ILLNESS (COLOMBIA), 5 Feb 2020, 2020, A mysterious illness is ravaging indigenous communities in western Colombia, where 10 children have died so far this year [2020], local media reported on Wednesday [29 Jan 2020]. Read More: <https://promedmail.org/promed-post/?id=6955195>

HEPATITIS E (NAMIBIA), 4 Feb 2020, Agonising back pain, fatigue, jaundice, nausea and loss of appetite are some of the symptoms that a 27 year old had to endure last year [2019] before he was diagnosed with hepatitis E. Read More: <https://promedmail.org/promed-post/?id=6946093>

BOTULISM (CANADA), 4 Feb 2020, The Canadian Food Inspection Agency has issued a recall for bottled clams sold from Cielo Glamping Maritime in New Brunswick. Read More: <https://promedmail.org/promed-post/?id=6950449>

NIPAH VIRUS (BANGLADESH), 3 Feb 2020, In a follow-up on recent stories on Nipah virus infections in Bangladesh, the Institute of Epidemiology, Disease Control and Research (IEDCR) has reported on their website, 6 Nipah virus infections, including 4 deaths in 2020. Read More: <https://promedmail.org/promed-post/?id=6950171>

ANTHRAX (ZIMBABWE), 3 Feb 2020, The Department of Veterinary Services says it has contained the anthrax outbreak that was threatening the country's national cattle herd. Read More: <https://promedmail.org/promed-post/?id=6949509>

ANTHRAX (KENYA), 2 Feb 2020, Fear has gripped a village in Bomet County after 18 villagers were rushed to hospital after a suspected anthrax outbreak. Read More: <https://promedmail.org/promed-post/?id=6946495>

MERS-COV (SAUDI ARABIA), 2 Feb 2020, Saudi Arabia, 5 newly confirmed cases, 2 deaths, secondary transmission ongoing - Saudi MOH 27 Jan - 2 Feb 2020. Read More: <https://promedmail.org/promed-post/?id=6946496>

NOVEL CORONAVIRUS (CHINA), 1 Feb 2020, On 26 Jan 2020, the China Centers for Disease Control and Prevention announced that the new coronavirus was detected in environmental samples from the South China Seafood Market in Wuhan. The virus originated from wild animals sold in the seafood market. Read More: <https://promedmail.org/promed-post/?id=6943858>

MALARIA, P. KNOWLESI (THAILAND), 1 Feb 2020, A male German tourist visited Little Koh Chang Island (Andaman Sea, Thailand) from 25 Dec 2019 to 20 Jan 2020. Read More: <https://promedmail.org/promed-post/?id=6942867>

EBOLA UPDATE (DEMOCRATIC REPUBLIC OF CONGO), 1 Feb 2020, The epidemiological situation of the Ebola virus disease in the provinces of North Kivu and Ituri dated 29 Jan 2020. Read More: <https://promedmail.org/promed-post/?id=6943351>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
300 W. Preston Street, Suite 202, Baltimore, MD 21201
Fax: 410-333-5000

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-8438
Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-2074
Email: Jennifer.Stanley@Maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 410-767-6745
Email: Jessica.Goodell@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

| Syndrome | ESSENCE Definition | Category A Conditions |
|-------------------------|--|---|
| Botulism-like | (Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions | Botulism |
| Fever | (Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions | N/A |
| Gastrointestinal | (AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract) | Anthrax (gastrointestinal) |
| Hemorrhagic Illness | (FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions | Viral Hemorrhagic Fever |
| Localized Lesion | (Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer) | Anthrax (cutaneous) Tularemia |
| Lymphadenitis | (BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions | Plague (bubonic) |
| Neurological | (([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions | N/A |
| Rash | (ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions | Smallpox |
| Respiratory | (Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax) | Anthrax (inhalational) Tularemia Plague (pneumonic) |
| Severe Illness or Death | CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock | N/A |

Appendix 2: Maryland Health and Medical Region Definitions

| Health and Medical Region | Counties Reporting to ESSENCE |
|---------------------------|---|
| Regions 1 & 2 | Allegany County Frederick County Garrett County Washington County |
| Region 3 | Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County |
| Region 4 | Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County |
| Region 5 | Calvert County Charles County Montgomery County Prince George's County St. Mary's County |

